JU.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved and Budget No. 1215-0188 Expires 11-30-2006

Office of Management

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

| For official Conty | | | |
|---|---|--|--|
| READ THE INSTRUCTIONS CAREFULL | READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. | | |
| AMENDED FO. | 2M LM-30 | | |
| 1. Fite Number U - 1/602 | 2. Fiscal Year Covered From: | | |
| | 1 / 1 / 2004 Through: 12 / 31 / 2004 | | |
| 3. Name and address of person filing. | 4. Name, file number, and address of labor organization. | | |
| Name JOHN BODINE | Name ROAD SPRINKLER FITTERS LOCAL UNION 669 | | |
| | Labor Organization File Number 059-937 | | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any | | |
| Street 7050 OAKLAND MILLS ROAD | Street 7050 OAKLAND MILLS ROAD, SUITE 200 | | |
| City COLUMBIA | City COLUMBIA | | |
| State Maryland ZIP Code + 4 21046 | State Maryland ZIP Code + 4 21046 | | |
| 5. Position in labor organization. PRESIDENT Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): | | | |
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | | | |
| 6. Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. | | |
| Name | | | |
| Trade Name, if any: | | | |
| P.O. Box, Bldg., Room No., if any | | | |
| Street | 7.b. Amount. | | |
| City | | | |
| State ZIP Code + 4 | | | |
| Signature | | | |
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed On /O-(-2005 410-381-4300 | | | |

Date

Telephone Number

| Name of Person Filing JOHN BODINE | File N | lumber U- | | |
|--|--|--------------------|--|--|
| B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. | | | | |
| 8. Name and address of Business (including trade name, if any). Name INVESCO Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 101 CALIFORNIA STREET, SULTE 1900 City SAN FRANCISCO State California ZIP Code + 4 94111 10. If 9.b. or 9.c. is checked give trust or employer's name. | 9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. | | | |
| Name NASI BENEFIT FUNDS Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 8000 CORPORATE DRIVE City LANDOVER | INVESTMENT MANAGER 11.b. Approximate dollar value of surface. 12.a. Nature of interest held or in | | | |
| State Maryland ZIP Code + 4 20785 | LABOR DAY GIFT-TOFFEE CHRISTMAS GIFT - COOLE | - \$34 R - \$48 | | |
| | 12.b. Amount. | \$82 | | |
| C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money | er parts A and B above) or other thing of value. | | | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | 14.a. Nature of payment. | | | |
| Name | | | | |
| Trade Name, if any: | | | | |
| P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | | | | |
| 13.b. Is the Business an Employer or Consultant? | 14.b. Amount of payment. | | | |

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|-----------------------------------|----------------|
| Name of Person Filing JOHN BODINE | File Number U- |
| | L |

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

| 8. Name and address of Business (includi | ing trade name, if any). | 9. Business deals with: | |
|--|--|--|------|
| Name PEAKE DELANCEY PRINTERS | | a. Labor Organization | |
| Trade Name, if any: | | | |
| P.O. Box, Bldg., Room No., if any | and the state of t | b. Trust | |
| Street 2500 SCHUSTER DRIVE | AND | c. Employer | |
| City CHEVERLY | | | |
| State Maryland | ZIP Code + 4 20781 | | |
| 10. If 9.b. or 9.c. is checked give trust or emp | ployer's name. | 11.a. Nature of such dealing. | |
| Name | | PRINTING | |
| | | A THE STATE OF THE | |
| Trade Name, if any: | a tiga and these that the state of the state | | |
| P.O. Box, Bldg., Room No., if any | | | |
| Street | and the second s | | |
| Officer | | TO THE PROPERTY OF THE PROPERT | |
| City | | | |
| State | ZIP Code + 4 | 11.b. Approximate dollar value of such dealing. | |
| | | 12.a. Nature of interest held or income received. | |
| | | HONEY BAKED HAM - \$75 | |
| | | | |
| | | | |
| • | | and the state of t | |
| | | | |
| | | | |
| | | | |
| | | 12.b. Amount. | \$75 |

| Name of Person Filing JOHN BODINE | File Number U- | | | |
|--|--|--|--|--|
| Part B Continuation Page | | | | |
| B. Held an interest in or derived income or economic benefit with monetary value or leasing to, or otherwise dealing with the business of an employer whose employer any part of which consists of buying from or selling or leasing directly or indire your labor organization is interested. | e from a business (1) a substantial part of which consists of buying from, selling loyees your labor organization represents or is actively seeking to represent, or active to, or otherwise dealing with your labor organization or with a trust in which | | | |
| 8. Name and address of Business (including trade name, if any). Name LANDON BUTLER & COMPANY Trade Name, if any: P.O. Box, Bldg., Room No., if any | 9. Business deals with: a. Labor Organization b. Trust | | | |
| Street 700 THIRTEENTH STREET, NW City WASHINGTON, DC State District of Columbia ZIP Code + 4 20005 | c. Employer | | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | | | |
| Name NASI BENEFIT FUNDS Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 8000 CORPORATE DRIVE | INVESTMENT MANAGER | | | |
| City LANDOWER | 1 | | | |

11.b. Approximate dollar value of such dealing.12.a. Nature of interest held or income received.

CHRISTMAS PECANS

12.b. Amount.

ZIP Code + 4 20785

\$33

State Maryland